

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on Prop 22, sponsored by Labor Organizations			Date of This Filing <u>10/19/2020</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (510)663-4000	I.D. NUMBER (if applicable) 1424537	Report No. <u>34415</u>			
STREET ADDRESS					
CITY Oakland	STATE CA	ZIP CODE 94610			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/16/2020	Southern California District Council of Laborers Issues PAC Long Beach, CA 90802 ID# 1358148	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00
10/16/2020	UAW Western States Political Action Committee Pico Rivera, CA 90660 ID# 743787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (510)663-4000	I.D. NUMBER (if applicable) 1424537				
STREET ADDRESS					
CITY Oakland	STATE CA	ZIP CODE 94610			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: